

FOLLOW-UP TOOL: MEDICATION FORM

Current medications:

Changes that have occurred since taking the current medication:

ADHD Symptom Control

-3 worse
 -2
 -1
 0 unchanged
 1
 2
 3 better

Tolerability of Medication (side effects)

-3 worse
 -2
 -1
 0 unchanged
 1
 2
 3 better

Quality of Life

-3 worse
 -2
 -1
 0 unchanged
 1
 2
 3 better

Qualification of global changes that have occurred since medication started

Not applicable (medication not taken)
 Marked improvement
 Small improvement

No change
 Small deterioration
 Marked deterioration

Mark with an X the frequency of any side effects experienced with the current treatment since your last medical appointment. Contact your physician if side effects are significant.

| FREQUENCY | SIDE EFFECTS | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------|--------------------|-------------|-------------|---------------|--------|----------|----------|------------------------------|--------|-------------|--------------------|------|----------|-------------------|---------|-----------|----------|--------------------------|--------------|------------------|----------------------------|---------|--------------------|------------------------|--------------------|--------------------|--|--|
| | Appetite reduction | Weight loss | Weight gain | Stomach aches | Nausea | Vomiting | Diarrhea | Dryness (skin/ eyes / mouth) | Thirst | Sore throat | Sleep difficulties | Tics | Headache | Muscular tensions | Fatigue | Dizziness | Sweating | Agitation / excitability | Irritability | Mood instability | Over focus "zombie effect" | Sadness | Heart palpitations | Blood pressure changes | Frequent urination | Sexual dysfunction | Feeling worse or different when medication wears off | |
| All the time | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Often | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Sometimes | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Not at all | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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